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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

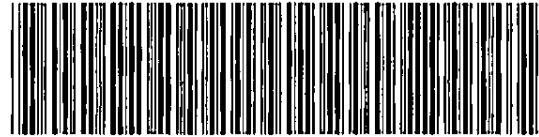
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
19 JUL 30 AM 6:32  
TALLAHASSEE, FLORIDA

**COVER LETTER**

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: JAY GART CONSULTANTS INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

FROM: JAY GART  
Name (Printed or typed)

2025 NW 127 TERRACE  
Address

CORAL SPRINGS, FL 33071  
City, State & Zip

904-340-2500  
Daytime Telephone number

JGARTMAIL@AOL.COM  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: JAY GART CONSULTANTS INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2025 NW 127 TERRACE  
CORAL SPRINGS, FL 33071

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO PROVIDE GENERAL  
FINANCIAL SERVICES AND FINANCIAL  
PLANNING

**ARTICLE IV SHARES**

The number of shares of stock is: 200

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>JAY GART PRES, SECY</u>	Name and Title:	_____
Address	<u>2025 NW 127 TERRACE</u> <u>CORAL SPRINGS, FL</u> <u>33071</u>	Address:	_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

FILED  
19 JUL 30 AM 6:32  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATION

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: JAY GART  
Address: 2025 NW 127 TERRACE  
CORAL SPRINGS, FL 33071

RECEIVED  
STATE DEPARTMENT OF  
RECORDS & MANAGEMENT  
19 JUL 30 AM 6:32  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: JAY GART  
Address: 2025 NW 127 TERRACE  
CORAL SPRINGS, FL 33071

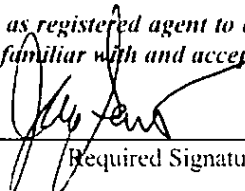
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

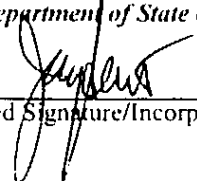


Required Signature/Registered Agent

7/26/19

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*



Required Signature/Incorporator

7/26/19

Date